



PATIENT RIGHTS: A STUDY ON PATIENT'S KNOWLEDGE AND NURSE'S PRACTICE IN A MULTISPECIALTY TEACHING HOSPITAL

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ABSTRACT

Protection of patient rights by nurses ensures the quality of patient care and enhances the level of patient satisfaction. Lack of practice of certain patient rights by the nurses is based on the knowledge of these aspects. Adequate knowledge on patient's rights among nurses will be fruitful in imparting awareness among the patients. The study aims to assess patient's knowledge and nurse's practice regarding patient rights. A Descriptive research approach was adopted wherein focus was on six patient rights. The data was collected from 75 patients admitted in the private wards of the selected hospital using a structured questionnaire. Frequency, percentage, mean and Standard deviation were calculated for the data. The study reveals that the awareness of rights was high in most clients. The scores for knowledge of various aspects of patient rights are: right to confidentiality 84 %, right to privacy 82.7%, right to respect 74.7% and right to information 50.7%. Lower knowledge was observed for right to consent 45.3% and right for grievance redressal 37.3%. Patients reported the practice of nurses to be high for right to confidentiality 94.7%, right to respect 84%, right to privacy 85.3%, right to be informed 61.3% and right to consent 60%. Relatively lower percentage of practice was observed for right to grievance redressal 24%. This study has an implication in nursing education and practice. All nursing professionals need to be provided with training to gain knowledge and practice patient rights. Nurses must also take responsibility to educate patients in patient rights.

KEY WORDS: Patient rights, Knowledge, Practice, Confidentiality, Privacy, Consent.

INTRODUCTION

The aim of nursing service is to provide safe and ethical nursing care to the patient. Ethical nursing care involves preserving of patient rights. Patient rights are values that must be respected worldwide; however it is not easy to put such values into practice as knowledge among healthcare professionals regarding these rights differ. Patients also need to know their rights in health care organizations, so that they get the best of the service.

Patient rights may be considered as one of the main basis for defining the standards of clinical services. (Joint Consultation Between the WHO Regional Office for Europe, 1999) Patient rights are an integral component of human rights. Protecting the patient rights by the nurses only will be possible when they have gained necessary knowledge about it and suitable conditions be provided for respecting these rights. (Kumari K et al, 2013) One of the important factors in patient satisfaction is regarding patient demands and observing their rights and providing care along with respect. (Arab M, Zarei A, 2009) This exhibits the need to assess the knowledge and practice of patient rights among patients and nurses.

Preserving patients' rights is the responsibility of physicians and nurses, but nurses accrue more responsibility in this regard because they are usually in closer contact with patients and they have assumed the mantle of patient advocate within health sector strategy. Thus, nurses are the most suitable supporters of patient rights. (Holmes P, 1991) Informing patients about their rights during their hospital admission is the nurses' responsibility. (Merakou K et al, 1991) In fact, nurses are the professionals who spend most of their time with patients; they need to practice patient rights in the nursing care areas.

Extensive research has been made in the field of patient rights. Experimental research on training of nurses in patient rights is limited. Effort is been made to explore the need for training nurses in patient rights through assessment of knowledge and practice of patient rights.

Patient's knowledge regarding the awareness and practice of patient rights showed lower awareness in case of patients right to informed consent 35%. Lower practice was observed for right to be informed 49%, right to informed consent 44% and the right to grievance redressal 21%. (Fernandes A.B. et al, 2014)

A study was conducted to evaluate the relationship between nurses' awareness of patient's rights and observing these rights showed that the level of observing patient rights by nurses was medium in 53.2%, good in 37.1%, weak in 7.9% and excellent in 1.8% of cases. (Nasiriyani et al, 2003)

A study using Quasi experimental pre-test and post-test design was used to study the effect of patients rights training sessions for nurses and patients. The result showed improved knowledge and perceptions about patient rights after the train-

ing sessions. (Ibrahim S.A. et al, 2016)

Patient rights standards

The Accreditation Boards laying standards for health care organizations have given the standards for practice of patient rights. These standards demand that the patients must be informed about the disease, the possible outcomes. They should be involved in decision making. Patients have to be educated about the mechanisms available for addressing grievances. Patients have a right to information and education about their healthcare needs in a language and manner that is understood by them. Thus proper and timely guidance shall be given by the nursing staff. (NABH Standards for Nursing Excellence, 2013) The patient's rights to privacy and confidentiality of care and information must be respected. The hospital needs to supports patients' and families' rights to participate in the care process. Patients must be informed about all aspects of their medical care and treatment. All patients must be informed about their rights and responsibilities in a manner and language they can understand. (Joint Commission International Accreditation standards for hospitals, 2013)

OBJECTIVES

To assess the level of knowledge of patients regarding patient rights.

To assess the perception of the patients regarding nurses practice of patient rights.

MATERIALS AND METHODS

Sample sizes of 75 patients admitted in the private wards (10% from the total number admitted) were selected using convenience random sampling techniques. A research tool was designed consisting of three parts - demographic data, knowledge questionnaire and practice checklist on patient rights. Knowledge was rated using questionnaire in which each question had 4 options and only one was the right answer. Practice was assessed using checklist with Yes/No options.

STATISTICAL ANALYSIS:

The raw data were coded, entered and analyzed using the SPSS (Statistical Package for Social Sciences) for windows, version 16. The data was presented in tabular form with frequency and percentage values. The overall mean percentage score and Standard Deviation was calculated. If overall mean score was above 70% knowledge was "very good" 60 - 70% knowledge was "good" 50-60% knowledge was "average" below 50% knowledge was "poor".

RESULTS

The results are shown below in the form of tables.

Table 1: Demographic profile of the patients.

Age (Total 75)			Qualification (Total 75)			Gender (Total 75)		
Category	*F	%	Category	*F	%	Category	*F	%
20-25	7	9.3	Secondary	9	12.0	Male	39	52.0
26-35	14	18.7	PUC	19	25.3	Female	36	48.0
36-45	32	42.7	Graduate	36	48.0			
>46	22	29.3	Post Graduate	11	14.7			

*F = Frequency

Table 1 shows that majority 42.7% of the respondents were in the age group 36–45 years, 48% were graduates and 52 % were male.

Table 2: Knowledge of patient rights among patients.

S. No.	Knowledge of patient rights	Frequency	Percentage
1	Nurse has to treat patient with respect and dignity	56	74.7
2	Nurse has to give information regarding illness, treatment process and possible outcome.	38	50.7
3	Nurse has to maintain privacy during examination and procedure	62	82.7
4	Nurse has to maintain confidentiality regarding medical information	63	84.0
5	Nurse has to take consent before doing any procedure, before being transferred and before doing any educational and research work.	34	45.3
6	The nurse has to give information to the patient regarding grievance redressal at the very beginning of the stay in the hospital	28	37.3

Table 2 shows that 84.0% of the patients knew that the nurse has to maintain confidentiality regarding medical information, 82.7% knew that the nurse has to maintain privacy during examination and procedure, 74.7% knew that the nurse has to treat with respect and dignity, 50.5% knew that the nurse has to give information regarding illness, treatment process and possible outcome. Only 45.3% of the patients knew that the nurse has to take consent before doing any procedure, before being transferred and before doing any educational and research work and 37.3% of the patients knew that nurse has to give information regarding grievance redressal at the very beginning of the stay in the hospital.

Table 3: Practice of patient rights by nurses as perceived by patients.

S. No.	Nurses practice of patient rights.	Frequency	Percentage
1	Treatment is given by nurses with great respect and dignity	63	84.0
2	Information on illness and treatment process is provided to patients by the nurses	46	61.3
3	Nurses maintain privacy during the procedure	64	85.3
4	Nurses maintain Confidentiality regarding medical information	71	94.7
5	Informed consent is taken by the nurses before any procedure	45	60.0
6	Information regarding grievance redressal is given by the nurses to the patients at the very beginning of treatment	18	24.0

Table 3 Shows that 94.7% of the patients said that nurses maintain confidentiality regarding medical information, 85.3% said that nurses maintain privacy during the procedure, 84% said that treatment is given by nurses with great respect and dignity, 61.3% agreed that information on illness and treatment process is provided by the nurses, 60% said that informed consent is taken by the nurses before any procedure and only 24% of the patients said that information regarding grievance redressal is given by the nurses at the very beginning of treatment

Table 4: Overall mean scores of knowledge of patients regarding patient rights.

	N	Mean	Std. Deviation	Mean %
Overall mean score regarding knowledge of patients regarding patient rights.	75	4.0933	1.42538	68.2%

Table 4 shows that overall knowledge of patients regarding patient rights is “good” as the mean value is 4.0933 + 1.42538 and mean percentage is 68.2%.

Table 5: Overall mean scores of practice of nurses regarding patient rights as perceived by patients.

	N	Mean	Std. Deviation	Mean %
Overall mean score regarding nurse's practice of patient rights as perceived by patients.	75	3.7467	1.40552	62.4%

Table 5 shows that overall practice of nurses regarding patient rights as perceived by patients is “good” as the mean value is 4.0933 + 1.42538 and mean percentage is 62.4%.

DISCUSSION

The results of the study indicated that the overall awareness of patient rights among patients was good. This may be due to majority (48%) of the patients were graduates. This implies that study has to be conducted in general ward patients, to study their knowledge regarding patient rights. Practice of nurses on patient rights as perceived by the patients was also good. This may be attributed to factors such as training received by the nurses during the course of NABH accreditation and positive attitude of the nurses towards patient rights.

Though the overall knowledge and practice of patient rights was good, low awareness regarding right to informed consent 45.3% and low practice was observed regarding information regarding grievance redressal to be given to the patient by the nurses at the very beginning of treatment (24%). These findings were consistent with the result of a study which indicated that only 35% awareness was noted in case of patients right to informed consent and right to grievance redressal was practiced by nurses the least. (21%) (Fernandes A, B. et al, 2014)

Training sessions were conducted for nurses in patient rights, wherein the author suggested further study to examine nurse's performance and patient's satisfaction regarding patient rights. (Ibrahim S, A. et al, 2016) The results of the current study also provides a clue for training nurses in patient rights and then measure their practice and patient satisfaction regarding the practice of patient rights.

CONCLUSION

The essence of the study was to find the knowledge of patients regarding patient rights and their perception of nurse's practice of patient rights. Majority of the patients were aware of the right to dignity and respect, right to information, right to privacy and right to confidentiality. Furthermore there was a deficiency in knowledge regarding right to consent. This deficiency was a result of the shortcomings of the patient not being aware that nurse has to take consent before transferring the patient for another service. This may be due to time constraints, training, and shortage of nursing staff/ busy work schedule. Also, patient's awareness was very low, regarding the nurses role in informing about grievance redressal at the very beginning of the patients stay in the hospital. This is due to lack of practice of this right by the nurse.

RECOMMENDATIONS

Based on these conclusions, the recommendations made are to provide training programs for nursing personnel in patient rights and develop patient's rights policies and procedure manual to guide nurses' performance. Regular review of nurse's performance must be performed and continuous supervision should be exercised.

REFERENCES

- Fernandes, A.B., D'Cunha, S. and Suresh, S. (2014). Patient rights, awareness and practice in a tertiary care Indian Hospital. International Journal of research foundation of hospitals & Health Care Administration, 2(1), pp 25-30
- Arab M, Zarei A. (2009). Determining awareness of private hospital managers in Tehran about patient rights and its effective factors, Payesh, 8(1), pp 25–30.
- Holmes P. (1991). The patients' friend. Nurse Times, 87(19), pp 16–17.
- Joint Commission International Accreditation standards for hospitals. (2013). Fifth Edition, pp 17-19
- Joint Consultation between the WHO Regional Office for Europe, (1999). The Nordic council of Ministers and The Nordic School of Public Health. Patients' rights and citizens' empowerment: Through visions to reality. Copenhagen, Denmark.
- Kumari K., Kumari V. And Bishnoi A, K. (2013). IOSR Journal of Nursing and Health Science (IOSR-JNHS) e-ISSN: 2320–1959, p- ISSN: 2320–1940 Volume 2, Issue 5 (Nov. – Dec. 2013), pp 55-60
- Merakou, K., Dalla-Vorgia, P., Garanis-Papadatos, T. and Kourea-Kremastinou, J. (2001). Satisfying patients' rights: A hospital patient survey. Nursing Ethics, 8(6), pp 499-508.
- Nasiriyani, K.H, Salemi, S., Salman-Yazdi, N. and Hoseini, F. (2003). Evaluating the relationship between nurses' awareness of patient's rights and observing these rights in hospitals of Yazd, Iran. Iran J Nurs, 32(33): pp 27–32.
- National Accreditation Board for Hospitals and Health Care providers, Standards for Nursing Excellence (2013). First Edition, pp 50-55
- Ibrahim, S.A., Hassan, M.A, Hamouda, S.I. and Allah N.M.A. (2016) Effect of patients' rights training sessions for nurses on perceptions of nurses and patients. Nursing Ethics, pp 1-12